

DECLARATION OF INVENTORSHIP AND POWER OF ATTORNEY
FOR PATENT APPLICATION

Docket No. _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SEMICONDUCTOR PACKAGE AND METHOD FOR FABRICATING THE SAME
the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____
under Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information which is material to Patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 USC § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

| <u>APPLICATION NUMBER</u> | <u>COUNTRY</u> | <u>FILING DATE</u> (Day/Month/Year) |
|---------------------------|----------------|--|
| 90112864 | TAIWAN ROC | May 29, 2001 |

I hereby claim the benefit under 35 USC § 120 of any United States application (s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC § 112, I acknowledge the duty to disclose to the Office information which is material to patentability as defined in CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application

| <u>APPLICATION NUMBER</u> | <u>FILING DATE</u> (Day/Month/Year) | <u>STATUS</u> (Patented, Pending, Abandoned) |
|---------------------------|--|---|
|---------------------------|--|---|

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all telephone calls

Address all correspondence to:

101 FEDERAL STREET, BOSTON
MA 02110 U.S.A.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor Chien-Ping HUANGInventor's signature Chien-Ping Huang Date APR 25, 2001Residence HSINCHU Citizenship TAIWAN ROCPost Office Address No. 8, Lane 26, Kangchuang Street, Chutung Chen, Hsinchu Hsien
Taiwan, ROCFull name of second joint inventor, if any Tzong-Da HOSecond Inventor's signature Tzong-Da Ho Date APR 25, 2001Residence TAICHUNG Citizenship TAIWAN ROCPost Office Address No. 16, Alley 41, Lane 226, Peitun Road, Taichung, Taiwan ROC

Full name of third joint inventor, if any _____

Third Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of fourth joint inventor, if any _____

Fourth Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of fifth joint inventor, if any _____

Fifth Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of sixth joint inventor, if any _____

Sixth Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____